AIDS HEALTH PROMOTION
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EDITORIAL

John Bunker

AIDS and the workplace: challenge and opportunity

Workplaces throughout the world have been touched by the AIDS epidemic: schools, prisons, hospitals, restaurants, banks, churches, businesses and government agencies. The impact of HIV infection is observable in both the personal suffering of those affected, especially as they become too ill to work, and the reactions of co-workers and members of the public with whom they come into contact.

People who have – or are perceived to be at risk for – AIDS have been fired from their jobs, refused services by businesses and government agencies and been denied medical treatment in hospitals. School teachers with HIV infection have been forced out of the classroom, telecommunication workers have refused to install phones or empty coin boxes in certain neighbourhoods

Metal workers in Venezuela. (Photo by J. Maillard reproduced by courtesy of the International Labour Office.)

with a high incidence of AIDS cases and workers have refused to ride on a repair truck previously used by an employee who died from AIDS. Discrimination in the workplace may persist even after death; some funeral homes have refused to handle the bodies of people who have died from AIDS and clergy members have refused to provide funeral services for them.

Government agencies, private employers and labour unions are all struggling with the many challenges of formulating workplace responses to issues associated with HIV infection and AIDS: lost productivity, employee turnover, hiring policies, increased medical costs, employee benefits, HIV testing, customer relations, confidentiality of medical information and, in some countries, legal actions related to violations of worker privacy/confidentiality and discrimination against HIV-infected employees.

The opportunity

There are an estimated 2.3 billion economically-active persons in the world; approximately 90% of the 5-10 million HIV-infected persons are in the economically-productive age groups. The workplace is thus clearly an important setting for health-promotion activities which can minimize the spread of both HIV infection and discrimination against people with such infection.

In 1988 WHO, in association with the International Labour Organisation, organized a three-day consultation on AIDS and the Workplace. The participants from 18 countries included government, union, business, public health, medical, legal and health education representatives. They concluded that concern about the spread of HIV infection provides employers, workers and their organizations with an opportunity to address workplace relationships in a way which promotes human rights and dignity, ensures freedom from discrimination and improves working practices and procedures. Workers with HIV-related illnesses, including AIDS, should be treated in the same way as any other worker with any other illness. Most people with HIV infection wish to continue working and should be enabled to continue their creativity and productivity in a supportive workplace setting. Comprehensive health promotion and appropriate workplace policies help provide an opportunity to create an atmosphere conducive to caring for and promoting the health of all workers; they are thus essential to the prevention and control of the HIV epidemic. The participants furthermore concluded that in the vast majority of occupational settings, the work does not involve a risk of acquiring or transmitting HIV infection between co-workers or workers and clients. Finally, pre-employment HIV-antibody screening to assess a person's fitness to work is unnecessary and should not be required.

In a growing number of countries around the world, comprehensive "AIDS in the workplace" health promotion programmes are being implemented. Innovative and effective programmes have been developed to meet the specific needs of employees with low literacy levels, cultural and ethnic minority groups and health-care workers who may be at a particularly high risk of exposure to HIV infection. For example, a project for low-literate and illiterate construction workers in Brazil utilized a slide series featuring a clay figure who not only was shown protecting himself against accidents on the job but also against AIDS by using condoms (see *Exchange* 1988, No. 4).

Unfortunately, most workplaces have not yet implemented AIDS policies and health-promotion activities. Barriers include employers' difficulty in dealing with sensitive issues such as sexuality, drugs and death; apathy about AIDS; fear, ignorance and denial of the HIV epidemic; a lack of financial resources; and a lack of knowledge of other employers' successful

programmes. Factors facilitating the development of workplace programmes include: joint labour union and management leadership; sensitivity to cultural, ethnic, religious and socio-demographic characteristics of the workforce; utilization of appropriate and multiple educational strategies, including brochures, newsletters, videos, conferences, small-group discussions and individual counselling; and sensitivity to the special needs of individuals with low-literacy levels.

Workplace programmes are a critical component of the Global AIDS Strategy to reduce the social and human impact of the HIV epidemic. A comprehensive health promotion approach, including policy development, employee education and supervisory training, can create a compassionate and caring response to HIV-infected persons in the workplace and community as well as increase social support for needed behavioural changes.

In summary, the workplace provides a unique and challenging opportunity to maximize support for HIV-infected persons, minimize discrimination and prevent the spread of HIV infection. Government agencies, (large) private businesses and labour unions must meet the challenge and opportunity of AIDS in the workplace by implementing health promotion programmes so as to serve as positive and visible role models. ■

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PROGRAMME FEATURE

AIDS EDUCATION AND POLICY IN A LARGE CANADIAN FIRM

Gordon Youngman

Successful programmes can serve as an inspiration to those aiming to set up similar projects; in that light, an "AIDS-in-the-workplace" programme is described here. Though it took place in a Western country in a large company, several of its components are important for any workplace programme, regardless of the size and type of business or industry involved. These include: preparatory consultations with management and employee representatives, careful consideration of the value orientation to be adopted, provision for employee feedback, incorporation of an evaluation procedure and involvement of employees' families.

The rationale for initiating a policy to address the impact of AIDS on an organization is based on the premise that HIV/AIDS have serious implications for the staff and management. It was this rationale that led a Canadian financial service company (4800 employees in Canada and subsidiary companies in the United States) to initiate an AIDS education and prevention programme.

The size of the company made it inevitable that HIV infection and AIDS would have an impact on and could seriously undermine the firm's effective functioning. Even if only a small percentage of employees was affected, the company could be facing hundreds of potential cases of HIV infection. The emotional preparedness of staff to come to terms with and cope in a humane and sensitive manner with such an illness among their co-workers was also a critical factor in assessing how best to manage the situation.

In the company's view, a corner-stone

READER

The Canadian company issued the following policy guidelines as part of its "AIDS-in-the-workplace" programme.

Components of the company policy

1 Acquired Immune Deficiency Syndrome (AIDS) is not an occupational disease and all scientific and medical evidence indicates that the AIDS virus (called HIV – Human Immunodeficiency Virus) is not transmitted by normal social or work contact. Most workers are not exposed to additional risk of becoming infected with HIV because of their work.

As an employer, the company recognizes that some staff, as part of the wider community, may be antibody positive or suffering illness due to the AIDS virus (HIV). Further, the company recognizes the potential emotive reaction to the issue of the presence of AIDS within the work environment.

The company believes that no officer should be disadvantaged in his or her employment solely because he or she may be affected by HIV/AIDS, provided he or she is able to carry out normal duties. In recognition of the rights of all employees, every reasonable measure will be taken to allay genuine employee concerns of exposure to HIV; however, the company will not tolerate discrimination of employees infected or suspected of being infected with HIV/AIDS. If an employee is infected by HIV/AIDS, he or she will be treated in the same way as staff with other illnesses.

1 The following procedures, based on numerous published guidelines (e.g., from the WHO Consultation on AIDS in the Workplace) relate to policy on this matter.

- *Screening*

Job applicants should not be screened for HIV antibodies. An employee who requests testing should be referred to his or her own doctor.

- *Confidentiality*

Results of all tests are confidential. If the test has been performed by the company's doctor, the employee will be counselled and notified of the result and, if necessary, be referred to his or her own doctor. When an employee with AIDS notifies the company of his or her condition, the information will be held in the strictest confidence unless the employee expressly requests release of the information. Any company official so notified will treat the information as confidential and seek permission from the employee to advise the Employee Assistance Programme Manager, Human Resources Unit. Any further action will be negotiated between the employee and the Employee Assistance Programme Manager.

No information concerning the nature of the illness will be given to other staff, supervisors or management. A person's suitability for normal work or alternative duties will be the only information conveyed to management, as is the case with other illnesses.

- *Fitness assessment*

All decisions concerning continued suitability for work of the employee affected by HIV/AIDS will depend only on his or her continuing health and fitness.

- *Sick leave*

An employee incapacitated through this condition or related conditions will be entitled to the usual sickness provisions.

- *Rehabilitation*

An employee incapacitated for usual work will be given normal consideration for transfer to suitable alternative work.

- *Disability due to AIDS*

An employee who is unable to work because of HIV/AIDS will have the same rights to benefits as any officer with a serious illness.

- *Death in service*

An employee dying from the consequences of AIDS is eligible for the usual death-in-service benefits.

- *Confidential advice*

An employee who thinks he or she may have been exposed to HIV may seek advice from the Medical Director or Employee Assistance Programme. All enquiries will be treated on a strictly confidential basis and in terms of the specified procedures.

for dealing appropriately and rationally with HIV/AIDS in the working environment was commitment and agreement between the senior management and employees. These were the essential ingredients in formulating policies and procedures.

The difficulties of confronting what was perceived to be such a highly sensitive and emotional dilemma could not be under-rated. Emphasis was placed on education, which had two major functions: to enable staff and management to confront the issue without excessive fear and prejudice and to demonstrate that the firm was a responsible employer playing a role in prevention. The procedures adopted were very simple, drawing upon the experience of guidelines developed elsewhere (e.g., Statement from the Consultation on AIDS in the Workplace, unpublished WHO document WHO/GPA/INF/88-7 rev.). They were in harmony with the company's on-going policy regarding matters of health, quality of work-life and employee well-being, which had been based on well-grounded information.

As the firm considered the situation urgent, AIDS Education Services was asked to collaborate with the company's Employee Assistance Programme (EAP) in conducting research and coordinating investigations of the possible impact of HIV/AIDS on the organization. Medical and scientific data were collected, information on other organizations' activities was explored and audiovisual and printed materials were reviewed by two committees who rated them for their appropriateness for the target audience. Brochures were finally chosen and redesigned to meet the company's requirements.

Value orientation

In deciding its approach to HIV/AIDS, the firm adopted principles which clearly recognized the need to respect employees' individual rights. Since attitudes towards and values concerning people who have contracted HIV differ, value judgements were carefully avoided in order not to divide staff, which could cause dysfunction in the organization. A consistent, non-judgemental (almost technocratic), depersonalized approach was adopted. The role of the medical director in providing factual data to allay fears was most important at this stage. The procedural guidelines developed address "normal" health measures such as fitness assessment, sick leave, rehabilitation, disability and death in service (see the box).

A major factor precipitating failing health is the stress associated with maintaining work performance. When a person's health is deteriorating, it is vital that he or she knows that the employer can be approached with confidence. It was therefore decided that the principle of confidentiality would be stressed so as to enable both individual staff members and the company to act appropriately and with resolution. This would provide individuals with basic protection and access to the EAP and medical consultant with the assurance that their privacy would be respected. Emphasis was also laid on the need for confidentiality among management, supervisors and persons with personnel functions who may become aware of staff members who are HIV-positive or have AIDS-related conditions (e.g., who may be asked to provide assistance to employees requiring suitable alternative duties or sick leave advice).

Implementation

Programme implementation initially involved four major phases. First, top management was made aware of the complexity of the issue. They were provided with an overview of the potential impact of AIDS on their organization and instructed on the procedures which had been endorsed and adopted. Next, personnel managers were briefed on HIV infection and AIDS, the rationale behind the new policy and the reason for instituting the procedures. Emphasis was placed on how to respond to staff members who may raise the matter from widely varying perspectives and with widely varying attitudes, fears and values. These sessions also included a clarification of legal liabilities and the procedures to be followed when a staff member discloses that he or she is seropositive or has AIDS-related conditions. Attention was further devoted to the social and economic consequences if the procedures are not handled properly and possible effects on the public's perception of the company.

In the third phase Head Office staff

were made aware of the agreed procedures via open, voluntary information sessions conducted in the company auditorium during regular office hours. The Chairman of the Board invited them by letter to attend one of the five sessions held over the course of a week. Upon arrival, they were given a pamphlet outlining what HIV infection and AIDS are, symptoms of the disease, transmission modes, protective methods, etc. They also received a copy of the company policy on HIV/AIDS, an evaluation form and a piece of paper on which they could write and submit questions without revealing their identity.

The head of personnel outlined the policy and introduced the topic. The medical director then presented the medical facts and a member of the Employee Assistance Department outlined the services available to employees affected by the disease or who still had fears about working with an individual who is affected. Next, a video produced by the Ontario Ministry of Health was shown. The final 30 minutes of the session were spent on questions and answers and completion of the evaluation form. All questions which could not be answered during the session were subsequently reproduced and answered in the company newspaper; this had the additional advantage of keeping the topic in the forefront within the organization.

It was anticipated that about 50% of the Head Office staff would attend the sessions; ultimately, 98% did so, showing overwhelming support for the way the company was dealing with this health problem.

The fourth phase of the programme involved the employees of the nationwide branch offices. It was decided to produce a company educational video which would be sent to each office. The Chairman notified all branches of the programme and Head Office supervisors personally briefed the senior branch managers on the topic, providing details on how to run the information sessions. Copies of all the materials, including the Ministry of Health video, were provided along with the information session outline. Once again the success of the programme was overwhelming.

Families

Evaluations indicated that the employees were pleased with their employer's stance in dealing with this disease. The most significant result was that the staff asked for the sessions to be extended to their families. A total of 3000 people was subsequently given information about the disease as well as a brochure on how to talk to their children about sexuality and sexually transmitted diseases, including HIV infection and AIDS.

This company's policy is in its infancy and AIDS is a "relatively recent" disease about which much still must be discovered. However, in actively initiating this programme, the firm has readily accepted its responsibilities as a corporate citizen of the community and Canada. It has also sought to act as a catalyst for similar actions within the rest of the financial services industry.

In how far can this programme serve as an example for other countries? The programme cost $25,000 (including the contract for AIDS Education Services and production of the company video). This amount would, of course, be very high for companies in developing countries. However, ways to reduce such costs are available. For example, materials produced in workplace programmes elsewhere could be adapted to fit the needs of the population group or region which a company is trying to reach. Culturally appropriate brochures using appropriate languages could be used as a basis. A video could be made which takes into account social structures common to a certain region; the video could then be adapted easily in a cost-effective manner by incorporating information specifically related to the company. Another innovative approach would be for a large multinational company in the industrialized nations to form a partnership with a firm in a developing country and finance the programme for them. ■

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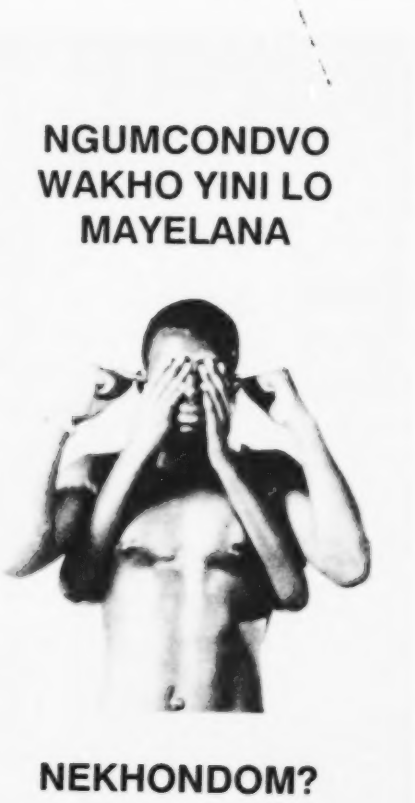
COUNTRY WATCH

This regular column focuses on innovative AIDS health promotion materials and strategies. Brief notes from readers on evaluation results, rapid assessments or pre-testing are also included. Suggestions from readers on items for this column are appreciated.



One of the Siswati brochures on condom use produced by the Man Talk Programme in Swaziland.

Swaziland

Since 1988, Occupational Health Services, an NGO providing medical services to families and industrial workers in central Swaziland, has carried out a programme to educate men about family planning, male contraceptive methods and the prevention and treatment of STD. A main component of the Man Talk Programme has been the promotion of effective social marketing of condoms.

Three field educators and "depot holders" have developed a condom distribution and administrative infrastructure in the Manzini and Matsapah industrial regions; education of the public is accomplished using the mass media (tv programmes and a weekly column in a local magazine), seminars, lectures, personal discussions and mail-order services. A variety of printed materials, all bearing the Man Talk logo, has been produced, including condom sales information sheets, stickers, posters, advertisements and brochures for both men and women in English and Siswati.

Recently, various companies have been encouraged to hang condom dispensers in the workplace, where employees can anonymously remove as many condoms as they need. The firms are bearing the initial expense, viewing the measure as a form of preventive medicine which will decrease absenteeism and medical insurance costs and improve overall long-term productivity. In a second project, ads have been placed offering young people the opportunity to earn extra income by selling condoms and other paraphernalia part-time; the response has been excellent. *For further information contact: Dr Geoff Douglas, Occupational Health Services, Man Talk, P.O. Box 86, Malkerns, Kingdom of Swaziland.*

Tanzania

Starting in mid-1988 several international agencies introduced condoms into Tanzanian workplaces by placing open boxes of condoms on desks and in bathrooms and health clinics. Other than a general lecture/discussion on AIDS, no promotion or counselling was undertaken. In January, 1990, an anonymous self-administered questionnaire in Kiswahili was issued to all Tanzanian employees at four workplaces, focusing on their attitudes and practices concerning condoms. The preliminary results indicated that many employees are using condoms despite harbouring misconceptions about them. Most are using them for extra-marital but not for pre-marital relationships; fewer than 5% use condoms for family-planning purposes. These findings suggest that simply displaying and maintaining open boxes of condoms in various areas around urban workplaces may lead to a significant increase in safer sexual practices at a low cost. *For more information contact: Paula Tavrow, USAID, Dar es Salaam, Tanzania.*

Zimbabwe

When the Public Relations manager of a textiles company discovered in March, 1989, that seven members of their workforce of about 4500 employees had already died from AIDS, steps were immediately taken to initiate a comprehensive AIDS Awareness Campaign. The first aim was to establish a sound knowledge base within the workforce and provide an on-going, open-ended back-up service of information-sharing, treatment and counselling. The second objective was to inform the local community. Finally, the campaign was to attract as much publicity as possible, in the hope that other companies would follow suit.

Developed by the PR manager and company doctor, the programme began with the distribution of a questionnaire to ascertain the employees' knowledge of and attitudes towards AIDS. Subsequently, representatives of the Health and Safety Committees working on the shop floor were trained to act as AIDS Information Officers, who can answer questions from their workmates and refer them to the doctor for counselling or treatment.

In order to communicate the message further various presentations were held outside working hours in community halls, schools, night clubs, canteens and theatres. Employee attendance was promoted via the company newspaper, the management and workers' committees. Community leaders, employee wives and local prostitutes were also invited to attend.

Each presentation consisted of an introduction to the campaign's aims, an educational talk on what HIV/AIDS are, transmission, prevention and support of seropositive people, performance of the play "Me and My AIDS" which was specifically adapted and subsidized for this purpose, distribution of a comic book which was developed in collaboration with the Ministry of Health and a newspaper cartoonist, and a question and answer session. Interpreters were used when necessary.

The results thus far have been: appreciation for the campaign from the workers, a great deal of press publicity, generating greater community-level awareness, and numerous requests from other companies for help and advice for their own campaigns. Whether or not the campaign will actually lead to changes in sexual behaviour remains to be seen. However, a reduction in the number of STD cases seen in the company clinics may indicate that more people are using condoms or reducing their number of sexual partners.

The company is now installing condom dispensers in company bathrooms, treating people in the clinics and providing counselling via the doctor and male clinic nurses. The AIDS Information Officers are also conducting their own awareness campaigns in order to pass on information to relatives and friends. *For further information contact: Helen Charters, Public Relations Manager, David Whitehead Textiles Company, 8th Floor Lonrho House, Box UA 164, Harare, Zimbabwe. Tel. 263-4-730744/708081.*

United Kingdom

The Health Education Authority in the UK carried out a national press campaign (December, 1988-March, 1989) with the primary aim to increase

Two ads run in the British press campaign emphasized that someone's appearance alone will not reveal whether he or she is seropositive.

understanding about the nature of HIV and to provide information on protection. Attention focused mainly on the fact that it is impossible to determine whether someone is infected with HIV by appearance alone. This message was put across via various ads. One carrying the caption "Two eyes, nose, mouth – how to recognise someone with HIV" explained that people can be infected with HIV for years without knowing it since they may feel and look completely healthy. Two ads run in conjunction showing identical photos of a woman illustrated the fact that a seropositive person may look exactly the same just after infection and several years later. Ads targeted at gay men and young heterosexual women emphasized safer sex practices.

Uganda

In January, 1989, the Association of Performing Artistes of Uganda (APAU) conceived the idea of an artists' crusade against AIDS, called AIDS Quake, it aimed to increase public awareness about the problems and dangers of AIDS through the use of creative artistic media. After gaining support from the National AIDS Control Programme and WHO, a Steering Committee (chaired by the Managing Director of Uganda Commercial Bank and comprising leading citizens) was elected to mobilize both material and financial support and work on the crusade began.

The initial activity was a three-day workshop for the participating artists conducted by staff of the Ministry of Health, WHO, TASO, USAID and APAU. The principal objective was to ensure that the artists fully understood the problems of AIDS, scientifically, socially, economically as well as politically. Because artists are communicators, the workshop had the character of "a training of trainers meeting". While 55 participants were anticipated, 85 artists attended the first day, 94 the second day and 76 the final day.

At the end of the workshop, the participants formed four major groups to produce artwork in the fields of music, visual arts, drama and poetry/literature; collaboration with other groups was encouraged. A sub-committee worked out a schedule of activities for various venues on different dates which led up to a climax on World AIDS Day. The activities included:

- production of the play "The Victim" at Makerere College School, which focuses on a man who marries his dead brother's wife (a local custom in Uganda), not knowing that his brother died of AIDS; the play also addresses the issue of multiple sexual partners and misconceptions about AIDS;

Along the battered shores I walk,
With wrinkling lip and tongue I talk,
With falling hair and in despare,
I breathe the last,
Of the World's fresh air.

I walk along a road of misforture,
A road of distourt,
A road that is short,
It's lonely and cold,
For only the bold.

The thumping sound of my pumping heart,
Which was but now is no longer alert
It's wearing me out, I'm turning about,
Like a fish in the sea,
Yup!, that's lonely me.

I feel so alone, I have no real home,
Where are my folks, where have they all gone?
I'm lonely, I'm scared,
I'm unprepared.

I watch the stars go by each day,
And in their beautiful, bright array,
Their colours so gay,
Their patterns astray,
I know the "DAYS" are coming my way.

A poem created for World AIDS Day by a young participant in the AIDS-Quake crusade in Uganda.

- contacts between APAU and street children groups to devise strategies for reaching the children via art and theatre;
- the delivery of creative messages on AIDS to taxi drivers, truck drivers and transport brokers via the UTODA Shining Stars (the music/drama group of the Uganda Taxi Owners and Drivers Association);
- contacts between APAU and the National Resistance Army's Drama and Music Group, which prepared musical and drama materials for AIDS Quake;
- the organization of a second workshop in Arua Town, West Nile District, Northern Uganda, for 16 drama groups, who later produced a festival on World AIDS Day there;
- production of the play "The Human Quake" by female students at Trinity College Nabbingo, in which parents were provided with information on how to guide their children on matters related to AIDS;
- an AIDS-related cultural festival organized by primary-school pupils in Kampala which included skits, poems, traditional dance and music.

AIDS Quake's Visual Arts Group organized an open competition with the theme "AIDS through the eyes of the artist". Oil paintings, mosaics, sculptures, graphics, posters and other visual artworks contributed by professional and amateur artists, including children, were displayed at Nommo Gallery in Kampala; further publicity was given to the crusade by popular composer-singer Philly Bongoley Lutaaya, who used his own status as a person with AIDS to pass on information to the public before he died on 15 December.

The crusade culminated in a day-long event on World AIDS Day at Lugugo Stadium in Kampala with more than 200 artists participating. After a colourful opening ceremony, Government officials viewed an exhibition of AIDS-Quake materials, listened to music and saw two dramas developed for the crusade.

"Give a Chance" featured two main characters – a young girl and an old man – who are the only survivors in a future when the rest of mankind has disappeared due to AIDS; they look back at the past and explore ways in which the catastrophe could have been avoided, in the process exploring the unfamiliar ground of sex education for those parents who find it difficult to discuss sex with their children. The second play, "Abajambula mu lubiri" (in the Luganda language) views AIDS in terms of a battle, with the human body being symbolized by a King, white blood cells by his soldiers and the HIV virus by an invincible enemy. Using choreography, mime and music, the play addresses the causes of AIDS as well as misconceptions and prevention methods.

APAU intends to extend the crusade by professionally recording and distributing some of the music (for broadcasting or sale to the general public). The art magazine, *Talanta*, will feature selected literature on AIDS as well as poems, essays, song lyrics and extracts from plays; these materials will also be made available to other

magazines and newspapers. Efforts will also be made to encourage concerts and performances throughout the country, especially to sensitize the rural population in areas which have been hard hit by the epidemic.

For further information contact: L.N. Kabunga, Chairman, Association of Performing Artistes of Uganda, P.O. Box 4053, Kampala, Uganda. ■

EVALUATION NOTES

How to develop culturally appropriate condom instructions

Elizabeth B. Younger and Patrick G. Friel

How do you put on and use a condom? And what do you do with the used condom? These are some of the questions that many new condom users ask – or should ask – themselves. Getting clear answers to such questions is critical because condoms can prevent unwanted pregnancy and sexually transmitted diseases, such as AIDS, only if they are used correctly. It is therefore very important to provide easily understood, correct instructions together *with* condoms.

Many condom-use instructions already exist, but their accuracy and ease of adaptability to different cultures vary dramatically. Consequently, WHO, with technical assistance from the Programme for Appropriate Technology in Health (PATH), created two easily adaptable flyers containing instructions which illustrate and explain proper condom use. These prototype instructions are part of a packet which includes step-by-step guidelines on how to adapt the flyers to local conditions. The packets are being sent to 60 countries whose National AIDS Programmes requested a total of 137 million condoms from WHO for the prevention of sexually-transmitted HIV.

The draft messages and illustrations for the flyers were developed following a thorough review of more than 200 existing condom instructions; the best written and pictorial elements were selected for the messages to be included in the WHO flyers.

The draft text and pictures were pre-tested with 215 people in four countries: Kenya, Mexico, the Philippines and Rwanda. Since the instructional flyers and adaptation guidelines will be made available in English, Spanish and French, the selection criteria for the pre-test sites had stipulated that one of these should be a principal language of the test-site country. The pre-test sites were culturally and regionally diverse; the countries selected had requested a large number of WHO-supplied condoms.

Ultimately, three of every four pre-test participants were men. Twenty-five per cent had good reading skills; the remainder were either illiterate or low-literate. Pre-testing was accomplished by showing drafts of the instructions to people who would be likely to use them and by asking open-ended and probing questions. Elements which were not well understood were changed and pre-tested again. This process of repeated testing and alteration of the instructions continued until they were well understood by most viewers.

Before beginning the pre-testing, four illustrations were developed for each of the messages in the condom instructions: a "close-up" view of the genitals (Illustration A); a "bird's-eye" view of a man looking down towards his genitals (Illustration B); a view of the "full body" undressed (Illustration C); and a view of the "full body" partially dressed (Illustration D). Four different layouts were also developed for the flyer. The most easily understood and acceptable drawing for each message and the layout which made it easiest to follow the sequence of messages were identified through group pre-testing. The text and drawings were examined and improved by pre-testing with individuals. Some of our findings are discussed below.

Sample pre-testing findings

Viewers who had never seen a condom before (which is common in countries where condoms have not been widely available or accepted) had difficulty identifying the original cover of the flyer (Illustration E) which was meant to represent an unopened condom package. Pre-testing indicated that viewers unfamiliar with condoms were more likely to recognize the condom if it were shown unrolled. Therefore, a new illustration was prepared incorporating both a condom package and an unrolled condom (Illustration F). The new illustration was better understood.

Prior to the pre-testing, it was expected that the close-up view of the genitals (Illustration A) would be considered more

Illustration A shows the close-up view of the genitals used in pre-testing condom use instructions while Illustration B shows the bird's-eye view which was ultimately rejected. Illustrations C and D show the undressed and partially-dressed full-body views while Illustrations E and F depict the misunderstood (E) and well-understood (F) drawings of condoms.

"liberal" than the full-body views and therefore less acceptable. However, the close-up drawing was better understood and thought to be less offensive in three of the four countries (Mexico, the Philippines and Rwanda). There, the full-body drawings were considered more "pornographic" because showing people's faces gave them more of an "identity". The full-body view was also considered less clear because the smaller size of the condom and penis made it difficult to see details. Preferences for close-up versus full-body illustrations were thus shown to vary from one culture to another. Therefore, the first recommended step in the adaptation guidelines is to determine (through pre-testing) which version is appropriate for the country adapting the flyers.

The bird's-eye view (Illustration B) was generally very poorly understood. A frequent comment was that "it looks like a post coming out of the ground." Furthermore, even if the viewers understood what was being represented, they did not always process the message. They were predominantly concerned with the man's position ("Is he standing up or lying down?" "Maybe he's sitting...") and did not focus on the action taking place with the condom and hands. Due to the poor comprehension of the bird's-eye drawing, it was not used in the final flyer.

The second panel of the flyer indicates that a man who has not been circumcised needs to pull the foreskin of the penis back before putting on the condom. The word "circumcision" was not well understood in the Spanish version and "foreskin" was not understood in either the Spanish or French versions. The text was therefore modified to avoid using the words "circumcision" and "foreskin"; the new text can be roughly translated into English as: "If the head of the penis is covered, pull the loose skin back until the tip is completely uncovered..."

Pre-testing the adaptation guidelines

The adaptation guidelines were pre-tested in the four countries via two mechanisms. First, copies of the guidelines were reviewed by local materials development experts who made suggestions for changes in the methodology. Second, individuals who had never developed materials, but who had a health or family planning background, were given copies of the flyer and guidelines and asked to go through the adaptation process. Problems in the methodology and any lack of clarity in the instructions were detected by persons who observed them carrying out the adaptation process.

Originally, the adaptation guidelines suggested group pre-testing as the first step in the adaptation process, to be followed by individual pre-testing. The most significant pre-test findings indicated that potential users of the adaptation guidelines might find it more difficult to bring together groups for pre-testing than to do individual pre-tests; the logistical difficulties associated with group pre-testing might dissuade some people from starting the adaptation process. The pre-test participants further suggested that project goals could be achieved solely through individual pre-testing. Therefore, the final adaptation guidelines prescribe only individual pre-testing, which is to be repeated until the flyer is clear and acceptable.

Country-specific instructions

The purpose of creating the prototype condom instructions and adaptation guidelines is to encourage people in countries which do not have thoroughly pre-tested condom instructions to adapt and distribute the prototype instructions for use in their country. In addition to creating local, culturally-appropriate instructional flyers, WHO would also like to encourage other creative uses of the instructions. In Ethiopia, for example, the instructions have been modified by the National AIDS Programme for inclusion in a series of large "education cards" used in peer educational sessions among high-risk groups.

Anyone interested in obtaining a copy of the prototype instructions and adaptation guidelines should write to the WHO Global Programme on AIDS (Condom and Virucide Services). ■

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GPA NEWS

"Policies in Solidarity": Second International Conference of AIDS-related Non-governmental Organizations, Paris, France

The importance of collaboration and mutual support among nongovernmental organizations (NGOs), persons directly affected by HIV/AIDS, and international and national organizations in efforts to deal with the HIV/AIDS epidemic was the theme of the Second International Conference of NGOs working on AIDS, which was held in Paris, France, on 1-4 November 1990. Organized by Le Comité France SIDA and the US National Minority AIDS Council, the Conference was supported financially by the WHO Global Programme on AIDS and co-sponsored by the Commission of European Communities, UNESCO and the French Ministry of Health and Social Protection.

More than 650 representatives of NGOs from some 65 countries met in plenary sessions, seminars and theme- or region-related workshops. The opening plenary session focused on Women and AIDS, which is also the theme for World AIDS Day 1990. Mary Kanene of Zambia summarized the effects of HIV/AIDS on women in particular and stressed the important role which women everywhere can play in education: "Let us remember: when you teach a man, you teach an individual. When you teach a woman, you teach a nation." The other plenary sessions were devoted to: Human Rights (Travel, Migration and NGO Advocacy), Access to Drugs and Treatments, and Partnerships in Facing the Future in Solidarity. Respect for human dignity, the necessity to ensure that human rights are guaranteed to all persons, and the need for equal access to support were themes reiterated in these meetings.

Four of the seminars dealt with services and care, drugs and treatments, advocacy and human rights, and organizational development; the fifth, on education and prevention, centred on new ideas, innovations and controversies. A wide variety of programmes and projects were described in the education and prevention seminar, including:

- a Tanzanian labour-union programme targeting women in the workplace;
- community-based education organized by women in a Native American community in the USA;
- safe-sex groups organized by homosexual communities in Australia, France, The Netherlands and the USA;
- AIDS prevention and education programmes developed by ex-drug users in Australia;
- a male sex workers' peer education programme in Mexico City;
- an integrated programme involving education, home visiting and counselling for slum dwellers in Bangkok, Thailand;
- a programme integrating business and skills training with health education on STDs and AIDS for street children in Zambia;
- a series of some 90 radio spots focusing on the promotion of solidarity with seropositive people and information on safer sex in Mexico; and
- a programme for sex workers in Manila, Philippines, targeting not only the women themselves but also bar owners and managers as well as law enforcement officials.

The education and prevention seminar participants concluded in their final meeting that educational programmes must be sensitive to cultural factors and the socioeconomic circumstances of the target audience; attention must be given to their values and attitudes in programme design. Programmes should moreover provide more than just information; experiential training, in which target audience members have the opportunity to discuss and practice new behaviours, and counselling/support, should be included as well. To improve the reception of messages, target audiences' unmet needs should be assessed beforehand, as well as their values and attitudes concerning the topics to be addressed; pre-testing of message comprehension and peer involvement in the development, implementation and evaluation of programmes

were considered essential. Inclusion of human rights issues in education and prevention efforts was also felt to be most important by the seminar participants.

The recommendations put forward to the Conference concerning education and prevention programmes in future centred on the need to: include persons with AIDS in policy development, implementation and evaluation; redefine the concept of prevention so as to take into account cultural, social and economic realities; analyse the language and terminology used in educational campaigns so as to avoid value-charged words which might involuntarily lead to discrimination and misunderstanding; develop better mechanisms through which experiences can be shared among NGOs; develop better evaluation procedures; and create innovative approaches for specific target audiences.

The opportunity to discuss specific themes in more detail was provided by numerous workshops; among the subjects covered were women and AIDS, children and AIDS, indigenous communities, traditional medicine and complementary therapies, recruiting volunteers, legal networking, religion and AIDS, homosexual and lesbian communities, national consortia and regional coordination, PWA/HIV coalitions, and development of an effectively managed organization.

The Conference ended with the election of representatives to the newly formed International Council of AIDS Services Organizations (ICASO). The NGOs also stressed the need to further regional networking so as to provide opportunities for mutual support, collaboration and exchange of information, ideas and strategies.

Contributed by Maria de Bruyn, AIDS Co-ordination Bureau, Royal Tropical Institute, Amsterdam, The Netherlands. ■

Why AIDS cannot be transmitted by insects

José Esparza

The question is continuously raised whether HIV can be transmitted by mosquitos, bedbugs, fleas or other bloodsucking insects; KAP surveys continue to indicate that people see these insects as possible means of HIV transmission. Why is such transmission highly unlikely?

- All the epidemiological evidence shows that HIV infection is rare in children between 3 and 15 years old. It is inconceivable that mosquitos would bite only sexually-active adults and not children. Moreover, it is also inconceivable that mosquitos would bite only those household members with whom the AIDS patient has sexual contacts.

- There is no biological evidence that the virus is able to reproduce in insects. Even if the virus enters the insect via blood it ingests, the insect does not become infected and its saliva does not contain the virus. Other viruses which are transmittable via mosquitos, such as dengue or yellow fever, do multiply in the mosquito.

- The virological evidence against the possibility of HIV transmission from an infected person to an uninfected person via insects is very strong. Since the virus cannot reproduce in the insect, transmission could occur only if there were a large amount of virus to begin with in the blood of the infected person who is bitten. The amount of virus in the circulating blood of HIV-infected persons is generally very low compared with the levels observed with other viruses known to be transmitted by insects. Therefore, not only would an insect need to consume a large volume of blood, but it would also need to transfer a large amount to produce infection.

Finally, the interval between a mosquito's feeding times is 3-4 days and this is longer than the survival time of the virus in the insect.

On the basis of experimental evidence and probability estimates, therefore, it has been concluded that the likelihood of mechanical transmission of HIV by insects is virtually non-existent. ■

José Esparza, Vaccine Development, Office of Research, WHO/GPA.

GLOBAL BULLETIN BOARD

Guidelines on AIDS and First Aid in the Workplace is the title of the seventh publication in the *WHO AIDS Series*. The 15-page book, prepared by WHO in collaboration with the International Labour Office and the League of Red Cross and Red Crescent Societies, outlines the necessary precautions which must be taken in the workplace to prevent transmission of HIV when giving first aid. Specific attention is given to mouth-to-mouth resuscitation, treatment of bleeding and the cleaning up of spilt blood. Stress is laid on the fact that, even after parenteral exposure to infected blood, the risk of acquiring HIV is very low so that people providing first aid should not hesitate to help an injured co-worker in need of assistance. Orders may be sent to: Distribution and Sales, World Health Organization, 1211 Geneva 27, Switzerland; ISBN 92-4-121007-9, Sw.fr. 4.00. ■

The brochure "*AIDS in the Workplace*", a joint production by WHO and the International Labour Office, presents the basic facts about AIDS in a question-and-answer format as well as giving information specific for the workplace. It can be obtained from WHO/GPA (reference No. GPA/INF/ 90.1) and may be photographed and used for reproduction. ■

The consensus statement and recommendations from the WHO/ILO Consultation on AIDS and Seafarers, which was held in Geneva on 5-6 October 1989, will be available shortly from WHO/GPA (WHO/GPA/INF/ 89.21). During the consultation factors associated with HIV infection among seafarers were examined and special considerations for health promotion on HIV/AIDS among seafarers were identified. ■

TASO: Living Positively with AIDS is a new educational and training video issued in the *Strategies for Hope* Series. Founded in 1987, TASO (The AIDS Support Organization) now provides care, counselling and support to over 2000 people with HIV infection or AIDS and their families in Uganda. The first part of the video shows the organization's activities and introduces some of the people involved. Clients describe how AIDS has affected their lives and how TASO has helped them and their families cope. The second part of the video presents TASO's approach to AIDS counselling through case studies of three clients and the work of three experienced counsellors. It outlines the attitudes and skills required to become an AIDS counsellor and depicts typical counselling situations. The video costs £45 (standard price) or £25 (for charitable and educational organizations). It can be ordered from: TALC, P.O. Box 49, St Albans, Herts, AL1 4AX, UK. A limited number of free copies is available for organizations in sub-Saharan Africa who are unable to pay for the video. ■

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